

Drugs That Require Step Therapy (ST)

In some cases, **United American -- Preferred(PDP)** requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug.

You will need authorization from United American before filling prescriptions for the Step-2 drugs shown in the chart below. United American -- Preferred(PDP) will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your appointed representative, or your prescriber can request a review by calling United American toll free at 1-866-524-4169, hours of operation are from 8 am to 8 pm in your time zone. Customer Service is available in English and other languages. TTY/TDD users should call 1-866-524-4170.

<u>Step Therapy Medications</u>		
Step Therapy Group Description	Step Therapy Sequence	Step Therapy Criteria
<u>Byetta Step Therapy</u>	Step-1: ACTOPLUS MET or AVANDAMET or JANUMET or METFORMIN HCL or METFORMIN HCL ER	<p>Patients who have never tried the Step-2 Medication being requested: Step-1 medications are covered at the point of service. Step-2 medications require the prior use of at least one Step-1 medication within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Medco or by physician documented use.</p> <p>Patients who have tried the Step-2 Medication being requested: Members that have taken the same Step-2 medication that is being requested within the last 180 days can receive the medication without trial and failure of a Step-1 medication.</p> <p>For the Byetta Step Therapy Group, Step-1 is metformin, metformin ER, ActosPlus Met, Avandamet, or Janumet. For the Byetta Step Therapy Group, Step-2 is Byetta. (NEW STARTS ONLY) Medications on Step-2 are not covered unless the above step therapy criteria are met.</p>
	Step-2: BYETTA	

Step Therapy Medications

Step Therapy Group Description	Step Therapy Sequence	Step Therapy Criteria
<p align="center"><u>Kapidex or Dexilant Step Therapy</u></p>	Step-1: OMEPRAZOLE	<p>Patients who have never tried the Step-2 Medication being requested: Step-1 medications are covered at the point of service. Step-2 medications require the prior use of at least one Step-1 medication within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Medco or by physician documented use. Patients who have tried the Step-2 Medication being requested: Members that have taken the same Step-2 medication that is being requested within the last 180 days can receive the medication without trial and failure of a Step-1 medication. For the Kapidex or Dexilant Step Therapy Group, Step-1 is omeprazole. For the Kapidex or Dexilant Step Therapy Group, Step-2 is Kapidex or Dexilant. In addition there is a clinically documented drug interaction between clopidogrel and omeprazole. Therefore, coverage is provided for Kapidex or Dexilant in situations where there is a previous paid claim for clopidogrel within the previous 180 days under the prescription benefit administered by Medco or by physician documented use. Medications on Step-2 are not covered unless the above step therapy criteria are met.</p>
	Step-2: DEXILANT	
<p align="center"><u>Osteoporosis Step Therapy</u></p>	Step-1: ALENDRONATE SODIUM or BONIVA	<p>Step-1 medications are covered at the point of service. Step-2 medications require the prior use of at least one Step-1 medication within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Medco or by physician documented use. For the Osteoporosis Step Therapy Group, Step-1 is alendronate or boniva. For the Osteoporosis Step Therapy Group, Step-2 is Actonel or Forteo. Medications on Step-2 are not covered unless the above step therapy criteria are met. Alendronate sodium 40mg and Actonel 30mg will not have step therapy requirements since they are mainly used for the treatment of Pagets Disease.</p>
	Step-2: ACTONEL	

Step Therapy Medications

Step Therapy Group Description	Step Therapy Sequence	Step Therapy Criteria
<p align="center"><u>Prolia</u></p>	<p>Step-1: ALENDRONATE SODIUM or BONIVA</p>	<p>Step-1 medications are covered at the point of service. Step-2 medications require the prior use of at least one Step-1 medication within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Medco or by physician documented use. For the Prolia Step Therapy Group, Step-1 is alendronate or Boniva. For the Prolia Step Therapy Group, Step-2 is Prolia. Medications on Step-2 are not covered unless the above step therapy criteria are met. Alendronate sodium 40mg will not have step therapy requirements since they are mainly used for the treatment of Pagets Disease.</p>
	<p>Step-2: PROLIA</p>	